

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35828**

OCT 29 1943
Registration District No. **3063**

Primary Registration District No. **3063**

Registrar's No. **2377**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Clayton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis County Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **14 days** (Specify whether
In this community **18 years** years, months or days)

3. (a) PRINT
FULL NAME

Shelvy, Mose

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex **M** 5. Color or race **C** 6. (a) Single, widowed, married, **2 divorced wid.**
6. (b) Name of husband or wife **Deceased** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **1-10- '85** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 9 16 hr. min.

9. Birthplace **Bentone, Miss.** (City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business

MOTHER FATHER { 12. Name **Shelvy, Howard**
13. Birthplace **Bentone, Miss.** (City, town, or county) (State or foreign country)
14. Maiden name **Anna Jackson**
15. Birthplace **Bentone, Miss.** (City, town, or county) (State or foreign country)

16. (a) Informant **Patient**

(b) Address **Lix & Hugo, So. Kinlock**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **10-26-43** (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Boyd**

(b) Address **S. Kinlock Mo.**

19. (a) **OCT 25 1943** (Date received local registrar) (b) **E. D. Mc Garrison, Jr.** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **S. Kinlock** (If outside city or town limits, write "RURAL")
(d) Street No. **Lix & Hugo** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10-** day **23-**
year **43** hour **6:50** minute **A.** M.

21. I hereby certify that I attended the deceased from **10-8-43**, 19, to **10-23-43**, 19.
that I last saw him alive on **10-23-43**, 19.
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**

Due to **Hypertension Cardiovascular**

Due to **nephritis**

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations
Of autopsy **1310**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature **Eichi Masunaga** (M. D. or other)
Address **601 S. Brentwood** Date signed

JAN 12 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.